

In the Matter of: **Grant Russell Garvens**
Angela Juliann Villas

Chapter 13

Debtor(s).

Case No. 14-20187

NOTICE AND REQUEST TO MODIFY CHAPTER 13 PLAN

Grant Russell Garvens Angela Juliann Villas (Name of proponent of modification) has filed papers with the court requesting modification of the Chapter 13 Plan in the above case.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the court to modify the plan as proposed, or if you want the court to consider your views on the request, then on or before 21 days after service of this notice, you or your attorney must:

File with the court a written request for hearing which shall contain a short and plain statement of the factual and legal basis for the objection. File your written request at:

Clerk of Bankruptcy Court
 517 E. Wisconsin Avenue
 Room 126
 Milwaukee, WI 53202-4581

If you mail your request to the court for filing, you must mail it early enough so the court will **receive** it on or before the date stated above.

Law Shield of Wisconsin, LLC
 Robert E. Haney 1023054
 6714 W. Fairview Avenue
 Milwaukee, WI 53213
 Telephone: 414-271-5656
 Facsimile: 414-271-6339
 E-mail: info@lawshieldofwisconsin.com

You must also mail a copy to:

Robert E. Haney
Law Shield of Wisconsin, LLC
6714 W. Fairview Avenue
Milwaukee, WI 53213

If you or your attorney do not take these steps, the court may decide that you do not oppose the request and may enter an order modifying the Plan.

REQUEST TO MODIFY CHAPTER 13 PLAN

1. The Proponent of this modification is:
☒ the Debtor;
☐ the Chapter 13 Trustee (post-confirmation modifications only);
☐ the holder of an unsecured claim (Name: _____) (post-confirmation modifications only).
2. This is a request to modify a Chapter 13 Plan (Select A. or B.):
 A. ☐ post-confirmation;
 B. ☒ pre-confirmation (Select i. or ii.):
 i. ☒ Debtor(s)/Debtor(s) attorney certifies that the proposed modification does not materially adversely affect creditors (Local Bankruptcy Rule 3015(b)); or
 ii. ☐ Debtor(s)/Debtor(s) attorney certifies that the proposed modification materially adversely affects only the following creditors and a copy of the proposed modification has been served on them (Local Bankruptcy Rule 3015(b)). The creditors affected are: (List creditors)
3. The Proponent wishes to modify the Chapter 13 Plan to address objection by Trustee that value of the motorcycle debt needs to be paid to general unsecured creditors and that 1/2 of the monthly payments go to secured creditors until the attorneys fees are paid in full.
4. The reasons for the modification are that the Trustee and a secured creditor objected to the original plan.

5. Select A. or B.
 A. _____ The Chapter 13 Plan confirmed or last modified on _____ (date)
 is modified as follows: (State the specific language of the modification.)
 B. X The unconfirmed Chapter 13 Plan dated 2/6/14 is modified as follows:

NOTICE TO DEBTORS: This plan is the model plan as it appears in the Appendix to the Local Rules of the Bankruptcy Court for the Eastern District of Wisconsin on the date this plan is filed. THIS FORM PLAN MAY NOT BE ALTERED IN ANY WAY OTHER THAN WITH THE SPECIAL PROVISIONS IN SECTION 10.

☒ A check in this box indicates that the plan contains special provisions set out in Section 10 below.

2. Plan Payments and Length of Plan. Debtor shall pay the total amount of **\$34,290.72** by paying **\$61.73** * per (check one) ☐ month ☒ week ☐ every two weeks ☐ semi-monthly to Trustee by ☒ Periodic Payroll Deduction(s) from (check one) ☒ Debtor ☐ Joint Debtor or by ☐ Direct Payment(s) for the period of **60** months. The duration of the plan may be less if all allowed claims in every class, other than long-term claims, are paid in full.

Joint Debtor shall pay **\$123.46** * per (check one) ☐ month ☐ week ☒ every two weeks ☐ semi-monthly to Trustee by ☒ Periodic Payroll Deduction(s) from (check one) ☐ Debtor ☒ Joint Debtor or by ☐ Direct Payment(s) for the period of **60** months. The duration of the plan may be less if all allowed claims in every class, other than long-term claims, are paid in full.

☒ If checked, plan payment adjusts as indicated in the special provisions located at Section 10 below.

(A). Claims Secured by Personal Property

(a) Creditor	(b) Collateral	(c) Purchase Date	(d) Claim Amount	(e) Interest Rate	(f) Estimated Monthly Payment	(g) Estimated Total Paid Through Plan
Springleaf Financial S	2009 Vulcan Nomad Location: 13865 Adelaide Lane, Brookfield WI 53005		\$2,821.54	%5.25	Variable pro rate (See section 10)	\$3,228.45
TOTALS			\$2,821.54			\$3,228.45

(B). Claims Secured by Real Property Which Debtor Intends to Retain.

(a) Creditor	(b) Property	(c) Estimated Arrearage Claim	(d) Estimated Monthly Payment	(e) Estimated Total Paid Through Plan
Wells Fargo Hm Mortgag	Homestead Residence Location: 13865 Adelaide Lane, Brookfield WI 53005	\$18,847.42	Variable pro rate (See section 10)	\$21,621.61
TOTALS		\$18,847.42		\$21,621.61

Total Secured Claims To Be Paid Through the Plan: \$24,850.06.

7. Unsecured Claims.

(A). Debtor estimates that the total of general unsecured debt not separately classified in paragraph (b) below is \$ 69,689.21 . After all other classes have been paid, Trustee will pay to the creditors with allowed general unsecured claims a pro rata share of not less than \$ 2,823.46 or 4 %, whichever is greater.

(B). Special classes of unsecured claims:
None

Total Unsecured Claims to Be Paid Through the Plan: \$2,823.46

10. Special Provisions. Notwithstanding anything to the contrary set forth above, the Plan shall include the provisions set forth below. **The provisions will not be effective unless there is a check in the notice box preceding Paragraph 1 of this plan.**

Section 2 - Plan Payments

☒ IF CHECKED, Plan payments will increase as set forth below upon completion or termination of initial payment period which will be 4 months.

☐ IF CHECKED, No Plan payments will be due for the months of ___ during the term of the plan. (Summer Skip Provision)

***Detailed Payment Schedule:**

Beginning in month five, Debtor's payments will increase to \$66.25 weekly and Co-Debtor's payments will increase to \$132.47 bi-weekly. Payments to be made through wage assignments. Combined, their monthly payments will be \$574.12.

In recognition that the 2009 Vulcan Nomad is not necessary for the welfare of the Debtors or their dependents, debtors will pay into the plan a minimums of \$2,821.54 (the amount of the debt claimed by Springleaf Financial Services in Claim No. 7) to the general unsecured creditors.

Secured creditors will be paid one-half (1/2) of each monthly payment on a pro rata basis between them until the attorney's fees are paid in full. The other half of the monthly payments will be paid for administrative fees, including the attorney's fees. This applies to monthly payments only. Pursuant to 507(a)(2) and 1326(b)(1), any tax refund submission received by the trustee will first be used to pay any balance of Debtor's Attorney's Fees.

Debtors may successfully complete plan early if, after 36 months, all secured claims are paid in full and a minimum of \$2,821.54 has been paid toward general unsecured creditors.

All remaining terms and provisions of the Plan are unaffected unless specifically addressed herein. In the event of a conflict between the original Plan and the modification set forth above, the latter shall supersede and control.

6 BY SIGNING BELOW THE PROPONENT OF THE MODIFICATION CERTIFIES THAT, AFTER REVIEW OF THE MODIFICATION AND ALL OTHER TERMS AND PROVISIONS OF THE PLAN, THOSE REMAINING TERMS AND PROVISIONS OF THE PLAN ARE CONSISTENT WITH THE PROPOSED MODIFICATIONS.

WHEREFORE, the Proponent requests that the court approve the modification to the Chapter 13 Plan as stated herein.

Dated March 18, 2014 at Milwaukee, Wisconsin.

Law Shield of Wisconsin, LLC
Attorneys for **Grant Russell Garvens**
Angela Juliann Villas

By: **Robert E. Haney**

Atty. Name

Bar No. **1023054**

Address

6714 W. Fairview Avenue
Milwaukee, WI 53213
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info@lawshieldofwisconsin.com

I, Robert E. Haney, attorney for debtor(s), certify that I have reviewed the modification proposed above with the debtor(s), and that the debtor(s) has/have authorized me to file it with the court.

---/s/---

Robert E. Haney
Counsel for the debtor(s)